

<b>Case Number:</b>	CM15-0103735		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old female who sustained an industrial injury on 08/28/2012. Current diagnoses include C3-5 cervical spondylosis and stenosis. Previous treatments included medications and physical therapy. Previous diagnostic studies include EMG/NCV which was normal. Initial injuries occurred after being struck in the neck with a football. It was noted that prior to this work related injury the worker had a cervical fusion in levels C5-C7 in 2007. Report dated 12/18/2014 noted that the injured worker had tried physical therapy, but it made the pain worse after one visit and the injured worker did not want to continue. It was also noted that the injured worker did complete 24 visits of physical therapy, with only temporary relief. Report dated 12/30/2014 noted that the injured worker presented for follow up of EMG results. It was noted that the injured worker was having continued neck pain and bilateral upper extremity pain and numbness. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was negative for abnormalities. The treatment plan included recommendation for cervical epidural steroid injection, physical therapy for the cervical spine, and renewed Celebrex and Lidoderm patches. Disputed treatments include physical therapy for the cervical spine, three times per week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy, Cervical, 3 times wkly for 6 wks, 18 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine three times per week times six weeks (#18 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is C3- C5 cervical spondylosis and stenosis; history of C-5 - C7 ACDF. A progress note dated December 30, 2014 (the sole progress note by the requesting/treating provider) shows a request for physical therapy of the cervical spine. The documentation is unclear as to whether or not and how many physical therapy sessions the injured worker attended. The utilization review states the injured worker was unable to attend physical therapy. The request for authorization is dated April 23, 2015. The most recent progress note (and only progress note) by the requesting physician is stated December 30, 2014. There is no contemporaneous clinical documentation on or about the date of request for authorization. There are no compelling clinical facts in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically warranted. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization, a clinical indication and rationale for (additional) physical therapy, a contemporaneous history and physical examination and compelling clinical facts indicating additional physical therapy over the recommended guidelines is warranted, physical therapy cervical spine three times per week times six weeks (#18 sessions) is not medically necessary.